# Common Themes for Pandemic Flu Planning for Home Health & Hospices

## EMERGENCY PREPAREDNESS ASSESSMENT AND UPDATING

Agencies have plans for all sorts of emergencies. Some agencies feel some of the major problems that are anticipated during a pandemic flu, have already been encountered during past emergencies, although they have been at a much lower degree and not lasting as long as anticipated with a pandemic. Never the less, agencies have seen and experienced their plans in action. During the ice storms, power outages, and floods, agencies have dealt with issues such as decreased workforce, not being able to admit new patients, problems associated with communication, and issues with needing supplies and equipment that are not available.

## EDUCATION AND TRAINING

The agency's disaster plans are shared with staff and they know and have access to the written policies and procedures. Discussions occur to review and update plans as things change and staff is involved. For some time now, patients and families have been given information and teaching materials upon admission so they are educated and better able to plan and prepare for any disaster.

## TRIAGE

Agencies have patients prioritized and, depending on the agency staffing, may only see the ones that are top priority. Some agencies are planning to discharge those patients with a lower acuity rating, while others are planning just to put those with a lower priority rating on hold for several weeks. Examples of patients which are high priority would be ones who are on a ventilator, receiving IV therapy, requiring oxygen, suffering with acute distress (pain), or those who have no caregiver to assist with the medical component of their care.

## SURGE CAPACITY

Most agencies are not anticipating being able to respond to the huge surge of discharges from hospitals and admissions from physician offices. As illustrated at the beginning of this report, you can see the number of admissions that can be handled by the agencies on yearly basis when they are fairly well staffed. Some agencies might attempt to accept home referrals at an increased number; however, they feel this will only last for several weeks, and then they will be overloaded.

The largest home health agency, which is hospital based and located in St. Louis, admitted 9, 895 patients last year for home health services. This agency employs 275 nurses, serves 17 counties, and averages 75 admissions daily during the week and 110 admissions over the weekend. This is the only agency that has verbalized to the bureau that it anticipates it will be able to continue and meet the discharge plans of their hospital throughout the pandemic episode, admitting and caring for patients, even if the surge lasts several months.

COMMUNICATION

Agencies have a list of priority patients, call down trees for the chain of command, and know who can make decisions if upper management is not there. Agencies are planning for communication issues, even though most don't associate pandemics with this type of trouble. Since the flu season is usually in the winter months, when MO experiences ice storms and power outages, they are planning that communication may be affected and impede their practices. Some agencies anticipate the general population contacting them for medical advice, seeking an assessment and requesting health education via phone or email.

INFECTION CONTROL

Agencies have policies and review with staff when they need to stay home, and what supplies are needed to help control the spread of the flu virus. Some agencies have invested in the N95 respirator for all staff, while others have good supplies of surgical mask, gowns, gloves and shoe covers.

ALTERNATIVE PRACTICE SITES

Many agencies are anticipating that when staff is decreased due to illness and death, there will be no way to see patients in their individualized homes. Business will no longer operate as usual; home visits won't be done. Instead, staff will focus on efficiencies. By having agency staff visit only one or two locations a day, healthcare services can be rendered to many patients without spending many hours traveling across the counties, only to be able to care for several patients a day.

At this time, patients on their service may be informed if they want access to health care they will need to go to a location where many people are being cared for under one roof. It is anticipated by many that large groups will be gathering in big buildings, such as churches, school gyms, malls and Red Cross shelters, where sick patients and families have congregated to receive healthcare that they couldn't obtain from their hospital, clinic, or doctor's office. The home health and hospice staff feel their main functions will include assessing, administering medications, and then educating the patient, families, friends, and neighbors to care for the sick.

DOCUMENTATION

Some agencies have abbreviated their forms and have plans as to what documentation can be overlooked. Many agencies are waiting to hear from the bureau as to what the bare minimum will be. Since most of our agencies are Medicare certified they are very concerned as to how they will be reimbursed. CMS issued an S&C letter 08-01 dated October 24, 2007, which clarified several items. First, patients could be seen at a location other than their home during a disaster. Second, CMS would accept an abbreviated

OASIS assessment during a declared disaster. However, very little other information has been disseminated by CMS on the issue.

COMMUNITY ASSOCIATIONS/ PARTNERS

Agencies have been informed over and over that it is imperative that they communicate locally in their community. Some of them have been in close contact with their local public health departments, durable medical equipment companies, pharmacies, hospitals, funeral homes, etc.

SUPPLIES AND EQUIPMENT

By the nature of the home health and hospice industry these healthcare workers deal with these issues already. These issues may not be to the extent experienced during a pandemic, yet they are familiar dealing with delays for equipment and supplies and having to improvise on a day- to -day basis. Agencies realize they will have great difficulty getting supplies and equipment to their patients and really don't have a lot of answers for their anticipated dilemmas. Even during disasters lasting only several days, agencies faced major problems in this arena. In the health care world, these agencies are sometimes seen at the bottom of the list when hospitals need the same supplies and equipment.